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## ORIGINAL DEPARTMENT.

### LECTURE.

#### SORE THROAT.

Two Lectures, delivered Sept. 24th and Oct. 1st, 1874,  
in Jefferson Medical College,

BY J. SOLIS COHEN, M.D.,

Lecturer on Laryngoscopy and Diseases of the  
Throat and Chest.

#### LECTURE I.

GENTLEMEN:—In view of the approach of the  
season at which acute sore throats are prevalent,  
I propose to devote two lectures to their consid-  
eration.

I treat of the acute inflammatory affections of  
the throat under the general head of SORE  
THROAT, differentiating those which evince spe-  
cial characteristics. This I do because it is very  
rare to find any inflammatory affection confined  
to any one of the anatomical regions of the  
throat. When the palate is inflamed, for in-  
stance, the tonsils and the pharynx may be in-  
flamed also; when the pharynx is inflamed, the  
palate and tonsils may be inflamed; and when  
the tonsils are the chief seat of the inflammation  
we often find the palate and pharynx involved  
in the process. Hence, therefore, I discard the  
numerous, and often too vague, *cynanches* and  
*anginas* by which the different varieties of sore  
throat have long been designated, as not present-  
ing those definite ideas which should character-  
ize scientific appellations.

SORE THROAT may be acute or chronic; super-  
ficial or deep seated; idiopathic, symptomatic, or  
traumatic.

The ordinary causes of sore throat are:

Sudden or prolonged exposure to inclemency

of weather or change of temperature, *i.e.*, "catch-  
ing cold" when overheated, or becoming over-  
heated after having been chilled; the promiscu-  
ous use of hot and cold food and drinks during  
the same meal; exposure to the inhalation or in-  
spiration of deleterious solid, fluid, and gaseous  
substances in the atmosphere, which act mechani-  
cally or chemically on the mucous membrane;  
the abuse of certain medicinal agents; exposure  
to the fumes of tobacco smoke; excessive use of  
the voice; abuse in the use of condiments and  
rich food. Several of these causes may co-oper-  
ate.

#### Common Sore Throat.

*Simple inflammatory sore throat, superficial sore  
throat, erythematous sore throat, catarrhal sore  
throat; angina simplex, angina catarrhalis,  
angina erythematosa; pharyngitis simplex,  
pharyngitis catarrhalis, etc.*

The most frequent variety of acute idiopathic  
sore throat is a simple erythematous inflamma-  
tion of the mucous membrane of the palate, an-  
teriorly and posteriorly, with which there is  
associated, in most cases, more or less similar  
inflammation of the mucous membrane of the  
tonsils and the pharynx; the mucous membrane  
of the mouth remaining normal. The symp-  
toms of the affection are very trifling in mild  
cases; so much so, at times, as to attract but lit-  
tle attention. In cases of moderate severity the  
mucous membrane of the palate, tonsils and  
pharynx is congested, uniformly or in patches,  
and is often swollen; the submucous tissue of  
the pharynx being, in some cases, greatly re-  
laxed, so that the mucous membrane lies upon  
the sub-structures in thick folds; at other times

it is more or less cedematous. Sometimes some of the mucous follicles are enlarged; most frequently those of the palatine arches, especially the posterior arches in contiguity to the tonsils; those of the pharynx being less frequently affected. There is an abnormal secretion of viscid mucus, clear or turbid, as may be, from all these structures, though, as a rule, not excessive in amount. The uvula is often swollen, or distended with serum, and its mucous membrane relaxed, so that it may lie on the base of the tongue, or on the posterior wall of the pharynx, or upon the laryngeal surface of the epiglottis, inducing an irritative tickling cough. Sometimes it appears as though pasted to one of the arches of the palate by the viscid secretion that covers it. In some cases the posterior arch of the palate is likewise distended with serum, so that the two folds appear like wings of a central portion, the body of the uvula, which no longer presents as a free and pendant structure.

Although more or less of the entire superficialities of the throat may participate in the inflammation, the swelling is, in some instances, confined to the tonsils, and sometimes to one tonsil. The engorgement of the blood vessels of the tonsil excite, by pressure, probably, a condition of hyperæsthesia of the gland, which renders its entire surface exceedingly tender, and often very painful to the touch, and even to the contact of solid articles of nourishment in deglutition. If the tonsils are only superficially affected, they may, even when somewhat swollen, appear rather smaller than they really are, in contrast to the swelling of the palatine arches.

There is usually more or less feeling of heat and dryness in the parts, especially at first, with a moderate amount of dysphagia; the latter principally from the pain in swallowing, but sometimes, in part, from actual debility in the muscles of deglutition. There is usually some febrile movement, with acceleration of pulse and respiration. If the inflammatory action is at all intense, the local and constitutional symptoms soon increase in severity, the temperature of the skin rising to a marked degree, and the pulse registering, in the adult, from 100 to 120, and in some instances even 140 beats in the minute. With this, there will be pain in the back and limbs, sometimes severe, and increased by motion; as well as other symptoms of a nervous character.

In some cases the cervical glands become swollen and painful, but this is not frequent.

The disease usually completes its stages in from four or five to eight or ten days, with gradual subsidence of the inflammatory process back to the normal condition. Occasionally small-sized shallow erosions are formed at points in the epithelial layer, before retrogression commences, but this is by no means constant. When, as is often the case, but one side of the throat has been prominently affected, there will be great liability to similar involvement of the other side, after convalescence of a day or two; and if the patient is careless in exposing himself, the second attack may exceed the first one in severity. Caution in this regard is, therefore, highly important.

Deuteropathic or secondary sore throat occurs in extension of inflammations from contiguous parts, as the mouth, tongue, nose, larynx, etc.; also, as a rule, in the course of the acute exanthemata, scarlatina especially; occasionally in connection with various acute affections, typhoid fever, pneumonia, etc., and in many chronic affections also. The causes of the inflammation in the throat in these cases, when not due to slight exposure, as is only infrequently the case, are not well understood, and will not, therefore, be further referred to.

THE TREATMENT OF SUPERFICIAL SORE THROAT is very simple. Unless the case is so slight that no special medicinal treatment is advisable, the patient should be confined to a bed or a lounge to secure rest, a light coverlid being thrown over the body to equalize the heat of the surface. This will materially shorten the duration of the case, keep the symptoms in moderation, and restrain the liability to a termination in chronic sore throat; a result, often, of imprudence in exposure or employment during one or more acute attacks. An emetic is often of great service if a meal has been recently taken, something merely to empty the stomach and save the labors of digestion; inasmuch as the diet, throughout the attack, should be as unirritating and as digestible as possible. Mustard in water serves the purpose usually better than depressing emetics, as antimony, or even ipecac, or stimulating emetics, as the sulphates. As gentle a laxative as is judicious for the purpose, is indicated to facilitate the passage of matters already in the alimentary canal; and castor oil, magnesia, or rhubarb will often answer the purpose. If the patient is of a costive habit saline purges may be more appropriate, and a drastic

in case of actual constipation. If the pain is great a small amount of morphia may be added to the aperient with advantage; and, if the pulse is frequent, a small amount of aconite also. The free use of demulcent drinks, and of bits of ice, when cold is agreeable, will soothe the pain in the throat, and perhaps repress excessive secretion; and sponging the entire surface of the body with acidulated or alcoholized tepid water will allay intense heat of the skin.

This, with restriction to a very light and easily digestible diet for a day or two, will usually comprise all the treatment required, the disease frequently subsiding within the periods indicated. Indeed, in some instances, the use of the emetic alone, with rest in the recumbent posture, will constitute the entire sum of active therapeutical measures required.

In severe cases, when the pulse is frequent, and the other symptoms persistent, the administration of the tincture of aconite root in doses of one, two, or three drops, at intervals of one, two, or three hours, as may seem most desirable in individual instances, will almost always yield satisfactory results; so much so, that its use may be discontinued, or at least be distributed between more lengthened intervals as soon as any marked effect has been produced in lowering the rate of the pulse; for the tendency of the disease is to prompt recovery and spontaneously, as soon as the more violent symptoms exhibit evidence of abatement.

THE PROGNOSIS, therefore, is always favorable.

Patients who are subject to sore throat should wear silk or woollen underclothing, and avoid continuing in wet garments longer than is absolutely necessary, that is, during the exposure itself only.

You will notice that I have not mentioned local treatment, except incidentally in the recommendation of demulcent drinks, and the use of bits of ice in the mouth. This is because the affection, though local, rarely needs topical treatment.

APPROPRIATE LOCAL TREATMENT, when requisite, consists, first, in the use of astringent lozenges allowed to dissolve in the mouth; any astringent usually answering an equally good purpose. If the mucous membrane is much relaxed, the frequent propulsion upon it of sprays of diluted solutions of alum, carbolic acid, and such articles, constricts the parts, and usually relieves their uneasiness in a few hours. Tan-

nin, chlorate of potassa, sulphate of copper, etc., are often used for this purpose. In the absence of a spray apparatus an ordinary syringe can be employed as a substitute, the piston being drawn out while there are only a few drops of fluid in the nozzle of the instrument, and then suddenly forced down so as to drive the fluid from the nozzle in the form of a coarse spray.

The local application, around the neck, of compresses wrung out of cold or tepid water, as may be most agreeable to the patient, and changed frequently, is often a source of great comfort.

When the uvula is elongated or oedematous, and irritates the parts with which it comes in contact, it often gives occasion to frequent movements of coughing and of swallowing. Sometimes it is partially drawn into the œsophagus with the alimentary bolus. This condition of uvula usually occurs rapidly. It is readily recognized, and almost as readily relieved by a few punctures, which give vent to the effused serum, or by truncating the enveloping mucous membrane at the extremity of the tip of the mass. It is never necessary to excise the organ. Sometimes the entire uvula is enlarged from hemorrhagic stasis, and a few drops of blood may even exude to the surface. This condition is readily relieved by scarification of the mucous membrane.

A variety of common sore-throat characterized by serous infiltration into the submucous tissue of the pharynx, *angina pharyngea oedematosa*, is sometimes observed. It usually appears suddenly; and this circumstance, with the unusual amount of oedematous swelling impeding deglutition and respiration, more or less, distinguishes it from the more ordinary forms of catarrhal sore throat. It is not a serious affection; usually subsiding in about a week or ten days. It is rarely that any special therapeutic interference is indicated, the ordinary treatment for mild sore throat being adequate.

The tonsils rarely occasion any trouble in superficial sore throat, but when they do, the same treatment is required as that adopted in that form of sore throat to which I now invite your attention.

#### Phlegmonous Sore Throat.

*Deep-seated sore throat; tonsillitis; quinsy; amygdalitis; angina tonsillaris, angina phlegmonosa, etc.*

PHLEGMONOUS SORE THROAT exhibits a higher

grade of inflammatory action than that already discussed, and involves the submucous structures as well as the mucous membrane. Various changes take place in these tissues; abscess not infrequently, and that diffuse sometimes, in patients of enfeebled constitution, but more frequently circumscribed in sthenic cases; sometimes single, sometimes multiple, sometimes superficial, sometimes deep-seated or concealed. The tendency of the disease is to termination by suppuration or by abscess, though it often terminates in resolution spontaneously, and still more frequently under efficient treatment.

One variety of the disease is essentially a deep-seated pharyngitis, the inflammatory process involving the sub-mucous tissues especially, and exciting infiltration into them. It almost always progresses to suppuration, and the pus, unencircumscribed frequently, sometimes extends downward along the œsophagus, into which the abscess may be discharged, with a result of permanent stricture from the subsequent cicatrization. In other instances the infiltration into the connective tissue becomes rapidly purulent under acute phenomena of fever. The pus may gravitate so as to exercise direct pressure upon the upper air-passages, or block up the entrance into the larynx by the mere tumefaction of the pharynx, death resulting in from three to four days, and sometimes suddenly. The prognosis in this variety, therefore, is very unfavorable.

In the more frequent variety of phlegmonous sore throat the tonsils are affected to a greater degree than the contiguous structures; hence the disease is usually designated as tonsillitis. It is less frequent in patients with normal, than in those with morbid tonsils.

Phlegmonous sore throat is often ushered in by a distinct chill, usually followed, within twenty-four hours, by fever and its attendant general phenomena. Pain in the throat with a sensation of constriction usually appears at an early period, and gradually increases in severity, interfering more and more with deglutition. All the structures of the throat usually present evidence of inflammatory action on inspection, but the tonsils in particular; sometimes both tonsils in an equal degree, sometimes one much more than the other, and often, one gland alone being affected. The inflamed tonsil is discolored, swollen, and irregular in outline, presenting somewhat different appearances accord-

ing to the peculiar tissue of the tonsil in which the inflammatory process is most active. This may be the parenchymatous or glandular structure itself, the secretory ducts of the follicles, or the connective tissue, the mucous membrane always participating more or less. When the ducts are affected, a whitish or yellowish creamy secretion occupies the surface of the tonsil more or less irregularly; in some instances adherent to the orifices of the ducts. The swelling involves the arches of the palate and its wings also, forming an angry-looking tumor. The swollen tonsil, in many instances, reaches the middle line of the pharynx. Occasionally the swollen tonsil encroaches on the pharyngeal orifice of the Eustachian tube, and may thus occasion noises in the ear and even hardness of hearing. When the posterior arch of the palate is inflamed and put on the stretch, the pain is continuous into the ears. Sometimes there is considerable œdematous infiltration into the palate and the uvula, and even into the constrictor muscles of the pharynx. Occasionally, too, there is œdema of the larynx, likewise, to a greater or less extent. The nature of the secretion varies; it is sometimes semi-fluid, sometimes membraniform; sometimes hemorrhagic; sometimes moist and viscid; sometimes very dry. The submaxillary glands often become engorged; and this tumefaction is not infrequently incorrectly referred to the tonsil itself rather than to the accompanying inflammation of the palate with which these glands are more directly connected anatomically. The tonsil is at a considerable distance from the inflamed glands, and cannot, except under unusual circumstances, be felt from the exterior.

As the disease progresses, the pain and local distress become intense in severe cases. In some instances deglutition becomes impossible; and in others, so painful that every effort at swallowing will be avoided; and the patient will lean forward, or to one side, so as to favor the escape from the mouth of the increased saliva and other products of secretion. The jaws may be so swollen that the patient can hardly open the mouth widely enough to permit inspection of the parts. Sometimes the pain and swelling are so great that the jaws cannot be separated. The tongue is swollen and covered with a thick, dingy deposit. Taste is impaired. The breath is offensive. There is more or less difficulty in respiration. The voice is thick or muffled, and often nasal in tone; and there is



great difficulty in articulation. As the disease advances, headache supervenes; sleep becomes difficult or impossible, sometimes from the mechanical impediment to respiration, and sometimes from pure nervous disturbance.

This form of inflammatory sore throat sometimes subsides by resolution, all the structures gradually resuming their normal conditions; but more frequently it proceeds to suppuration. One or more abscesses form, more or less superficially, which, if left to themselves, eventually rupture spontaneously. The progress of a superficial abscess can often be watched by inspection, and the point of rupture be detected by the sense of fluctuation. The deeper-seated abscesses cannot be detected before rupture, as a rule, unless they are unexpectedly discharged during incision into the parts, as a therapeutic measure. The abscess frequently ruptures at night, and its contents are then, not unfrequently swallowed, sometimes unconsciously. Sometimes it ruptures during a fit of vomiting. Whenever or however it opens, relief is usually immediate, and subsidence of inflammation prompt. Cases of suffocation have been recorded from passage of the contents into the larynx, usually by spontaneous rupture during sleep; but they are altogether exceptional.

The attack, when it runs through all its stages, usually continues for ten days.

THE PROGNOSIS is favorable.

THE TREATMENT of this disease must be based upon antiphlogistic principles; but it is not advisable, without urgent reason for it, to employ venesection or even leeching, on account of the difficulty in administering food to repair the loss of blood, and to sustain the vital forces. An emetic will render efficient service early in the attack, not only to the system generally, but to the local affection also; especially if the stomach be loaded with undigested food. The mechanism of the act of vomiting may compress the muscles of the palate and pharynx upon the tonsil, and thus favor the onward flow of some of the blood with which it is engorged. A non-depressing emetic, such as mustard, is the most appropriate. A saline laxative may be administered every three or four hours for a day or so, or until an obviously favorable effect has been maintained for some hours, each dose containing a drop or two of the tincture of aconite root, with the addition of a suitable amount of morphia if indicated by the pain. The inhalation of steam from water alone, or from water impregnated

with such remedies as hops, chamomile flowers, or the watery extracts of opium, belladonna, or conium, the camphorated tincture of opium, or the compound tincture of benzoin, will soothe the parts a great deal. So also will the frequent projection of sprays of warm water, simple, or slightly aromatically medicated with cologne or toilet vinegar; which, when agreeable to the patient, as they almost always are, can be repeated as frequently as desired. The subcutaneous injection of morphia into the swollen structures themselves, or into the swollen lymphatic glands, or the submaxillary region, is said by some authorities (Schrotter) to yield excellent results; but I cannot speak of this practice from experience.

Warm and moist applications externally give considerable relief, especially when the cervical glands are tender and swollen. They should be renewed frequently, so as to maintain equable warmth and moisture.

Gargles are not of much value; principally because their proper use entails too much pain. Medicated sprays, however, propelled upon the parts, are very efficient local applications. Aqueous solutions are preferable, containing tolerably large quantities (say twenty grains or more to the ounce) of alum, tannin, sulphate of zinc, or what I have seen most efficient, sulphate of copper; care being taken to guard against the deglutition of any of these solutions. They may be used by the syringe, in the absence of "spray machines." Powders of alum, tannin, krameria, etc., in various dilution with lycopodium, liquorice, bismuth and the like, may be blown upon the parts by means of a tube of some kind. The topical application of nitrate of silver in stick, or by sponge, mop, or brush, is very rarely practicable in a satisfactory manner, and is just as often unnecessary. Nothing which will excite movements of gagging, hawking, or expectoration, should be done without due cause for it.

If the tonsils are very much inflamed, and the suffering therefrom intense, great relief will follow efficient scarification or incision, the bleeding being encouraged by mouthfuls of warm water. A narrow sharp-pointed bistoury, with its edge turned toward the cavity of the pharynx, may be thrust into the tonsil so as to cut it transversely towards its free surface, in its withdrawal, and this may be done at two or three points in succession. The relief to pain and tension is often immediate, and the facilita-

ted circulation in the parts promotes the prompt resolution of the inflammatory process. Sometimes these incisions open abscesses in the interior of the tonsil, the existence of which, though conjecturable, could not have been otherwise determined. When suppuration is already evident, there can be no doubt as to the propriety of incising the abscess, and this should be practised at the most prominent accessible point, care being taken to keep the edge of the knife directed toward the interior of the mouth, so as to prevent injury from untoward movements of patient or operator. For like reason, the knife blade should be protected by a covering beyond the distance from the point which may be required for penetration. The abscess being discharged, recovery is prompt, unless there are other abscesses; in which case it will be delayed until they have all run through their course.

The general treatment is similar to that employed for simple sore throat. The general strength must be conserved as much as possible; and when liquid food cannot be swallowed, nourishment by enema is indicated. Efforts of deglutition should be spared whenever practicable; and, in this view, medicines which can be administered by inhalation, by enema, or by hypodermic injection should be selected in preference.

When the affection has been limited to one side, the other side not infrequently becomes affected during convalescence or shortly after. When this is imminent, the administration of tonics and stimulants is indicated to maintain the forces of the patient during the second and sometimes severer attack.

#### Ulcerous Sore Throat

*Phagedenic sore throat, malignant sore throat, gangrenous sore throat; angina ulcerosa, angina gangrenosa, angina maligna; tonsillitis maligna, etc.*

THE TERM **ULCEROUS SORE THROAT** has no reference to the superficial ulcerations of the mucous membrane in ordinary forms of sore throat; but, on the contrary, to a special, and, apparently, inevitable ulceration of tissue which forms the characteristic local feature of the disease. It is not frequent. Moderately severe, only, in some cases, it exhibits from its commencement, in others, a tendency to phagedenic

ulceration of a malignant character, resulting in gangrenous obstruction of tissue over a large extent of surface, even involving the blood vessels, and thus occasioning alarming, and sometimes fatal hemorrhage; being attendant upon that low general systemic condition denominated typhoid. It sometimes follows scarlatina, and is occasionally present in diphtheritis. Sometimes it supervenes upon measles, small-pox, dysentery, and typhoid fever. It also occurs in syphilitic sore throat, and sometimes in epithelial cancer of the throat; in these instances beginning in the palate usually, and thence extending to the tonsils and the pharynx. At times it occurs in cases of tuberculous phthisis. It is rarely a sequel of simple inflammatory sore throat, though sometimes preceded by common membranous sore throat. In short, it may ensue upon any form of sore throat.

It is often accompanied by an irregular, erythematous eruption on the skin. There is a low type of fever, with glassy eye and a haggard expression of countenance. The pain is not severe as a rule. The dysphagia is slight. The tongue supports a dark creamy, pultaceous secretion; similar masses being occasionally seen on other mucous structures of the mouth and throat. The tonsils are swollen and darkly congested. The palate and uvula become swollen and cedematous, and the pharynx, too, is often swollen. At an early period, dark ashy-colored ulcers with excavated edges are to be observed on the tonsils and contiguous surfaces. These soon slough out with more or less of the surrounding tissue; and the ulcers left become covered with a somewhat continuous, sanious, ichorous, fetid secretion. The cervical glands become swollen and tender; extension to the pharynx and nares is not unfrequent; that to the larynx is rare. The ulceration extends rapidly, destroying those tissues which are subjected to its ravages. Occasionally the process is limited to the tonsil. Cases are on record of fatal hemorrhage from penetration of the carotid artery.

The secretions and excretions escape by mouth and nose; and they are exceedingly fetid. Portions, too, are doubtless swallowed. Diarrhoea frequently occurs, and is soon followed by death.

THE **DIAGNOSIS**, in the early stages, is only determinable by the depressed state of the general system, the dark appearance of the structures affected, and the absence of severe

pain. When the case has made any progress, its characteristic ulcerous appearance leaves no doubt as to the diagnosis.

In some cases the ulcerous process begins upon the posterior surface of the soft palate, and great ravages are committed before its peculiar character has been detected; the inflammatory evidences anteriorly being usually such as indicate imminent ulceration on that surface without directing special attention to the condition of the opposite surface. Inspection of the posterior surface of the palate by means of the rhinoscopic mirror is therefore advisable in every severe case in which ulceration might be suspected.

THE PROGNOSIS is unfavorable, although recovery is not infrequent. Death may take place by syncope, coma, asthenia, or hemorrhage.

THE TREATMENT of this form of sore throat must be of the most active and supporting character; such, in few words, as is adopted for the arrest of gangrene in any portion of the body. Eggs, milk, cream and nutritious soups are to be administered as freely as the patient will take them; and quinine in large doses, tincture of the chloride of iron, and brandy in no stinted measure, are indicated. As there is little difficulty in swallowing usually, a sufficient amount of nourishment can almost always be taken by the mouth.

The topical treatment is very important. While the disease is superficial, bromine, muriatic or nitric acid, acid nitrate of mercury, caustic potassa, etc., may be employed so as to destroy the diseased tissue promptly, in the hope of exposing a healthy surface beneath, which will heal up by granulations. When this is unsuccessful, or too dangerous in cases where the blood-vessels are probably involved, we can only palliate the symptoms by weak solutions of acids and astringents, to which opium may be added; and must depend on constitutional measures for restraining the process. Washes and sprays of chlorate of potassa, and the like, as employed in common sore throat, are often agreeable to the patient; but they have no direct therapeutic influence on the progress of the disease. If the ulceration is extending into the vicinity of the great vessels of the neck, measures for compression should be at hand for the use of the nurse; and instruments accessible

with which to secure the carotid artery when called to the case in the contingent emergency.

When phagedenic cases recover, a horrible amount of deformity often remains to mark the ravages of the ulcerous process. During cicatrization the positions of contiguous parts become very much altered. The palate may become adherent by its sides, and by more or less of its posterior surface, to the pharynx, in some instances amounting to complete occlusion of the nasal portion of the pharynx. These conditions demand surgical operation, and are very difficult to overcome.

## COMMUNICATIONS.

### A TRIP TO THE "VIRGINIA SPRINGS."

BY LAURENCE TURNBULL, M.D.

Of Philadelphia.

This is my third visit to the Old Dominion. The first was in the year 1850, as a delegate to the American Medical Association, which met at Richmond, the Jerusalem of Virginia, it being built upon hills, and being the centre of wealth, intelligence and refinement. The second was after the war, when everything was sadness and desolation, and we were glad to leave it. Our third visit was owing to a polite invitation from a patient residing on a beautiful place three and a half miles from Warrenton, Fauquier county, a fertile and beautiful mountain region, but which has suffered from the excessive drought of a powerful summer's sun. Prior to our visit to our friend's hospitable mansion, we made a trip to the springs, and first to the Bath Alum Springs. This watering place is situated on the eastern base of the Warm Springs mountain, in the county of Bath. It is ten miles from Millboro depot, on the Chesapeake and Ohio railroad, and immediately on the main stage road leading from Millboro to the Warm, Hot, and Healing Springs. At this point there is a very good hotel, and the ladies of our party spent a pleasant night after the fatigues of a ride from Washington, D. C.

After a rough ride, of three hours, over a true mountain road, diversified by a visit to caves, etc., we arrived at the Bath Alum Springs. The scenery is remarkable for its wildness and grandeur, and the elastic pure air gave us an appetite to do justice to the bountiful re-

past supplied by Captain J. Henry Freeman, the manager of the springs.

Our first visit to these springs was of too short a duration to see or test them, but on our second we were accompanied by the affable and accomplished physician to the springs, Dr. Geo. W. Carrington, of Richmond, Va., who gave us the following statement:—

#### Medical Properties and Uses of the Bath Alum Springs.

The value of these waters as a remedial agent for the treatment of scrofula, erysipelas, chronic diarrhoea, dyspepsia, neuralgia, general debility, nervous prostration, and cutaneous diseases, has long been established, and, from a long list of certificates in numerous diseases of long standing, now in his possession, the proprietor invites the attention of medical men to extracts of letters from two eminent physicians of Bath county.

Dr. A. G. McChesney is well known as a very eminent physician, and his letter speaks for itself:

WARM SPRINGS, BATH COUNTY, VA., }  
October 10th, 1866. }

"My Dear Sir:—It affords me pleasure to comply with your request for my opinion of the medicinal and curative properties of the Bath Alum Springs, Va. Having resided at the Warm Springs (five miles distant) for fourteen years, I attended every summer a large number of patients at Bath Alum. I have, therefore, had the most favorable opportunities for witnessing the curative influences of these waters in the treatment of the large class of diseased conditions of the human system to which they are adapted, and I do not hesitate to say that I consider them unsurpassed.

"The waters are tonic, deobstruent, alterative and astringent. The diseases in which I have noticed the most marked beneficial effects are anemia, scrofula, enlargement and ulceration of the glands, chronic dysentery and diarrhoea, particularly that form of it attended with a pale and flabby tongue, menorrhagia, amenorrhoea, depending upon or resulting from debility."

The following letter of the late Dr. Strother is copied from Burke's work on Virginia Springs. Dr. Strother was for twenty-five years the leading medical practitioner of Bath county. He was a most skillful and eminent physician, and a more honorable, high-toned gentleman never lived.

DR. BURKE:

"Dear Sir:—I give concisely the result of my acquaintance with the Bath Alum Springs and its medical virtues. My knowledge of it as a remedial agent commenced soon after its discovery, and is probably more extended than that of any other person, as I have been in the habit of advising its use in the treatment of disease.

"In the cure of scrofulous eruptions and dys-

peptic diseases it merits a high character. In hepatic derangement of long standing, with all its attendant train of symptoms, when medicine has been tried in vain for years, as well as some of the most approved Mineral Springs, I have known the Bath Alum to produce the most decided effects, and there are now many living evidences of the truth of this assertion.

"In chronic diarrhoea, chronic thrush, dyspepsia, and nervous debility, and in some cases of neuralgia, I believe it has no superior. In the class of diseases affecting the uterine organs the influence of this water has been felt most happily in all the cases in which it has been used under my direction.

"In that deplorable form of the disease of the organs, habitual menorrhagia, emptying the blood vessels and producing prostration of the nervous and muscular systems, and rendering life a burden, I have known more good to follow the properly restricted use of this water than from all other agents combined."

#### The Springs, etc.

Outside the lawn, below the public road, and underneath a slate stone cliff fifteen feet high, will be found the Alum Springs, also a Magnesian Spring of great value; see Analysis, No. 2. The waters issue from the cliff, and are received into reservoirs excavated near each other in the rock. These different springs or reservoirs differ essentially from each other. One of them is a very strong chalybeate, with little alum; another a milder chalybeate, with more alumina; while the others are alum of different degrees of strength, but all containing an appreciable quantity of iron.

The following is an analysis made by Prof. Aug. A. Hayes, of Boston. Those interested are referred to Dr. Burke's "Virginia Springs," and to Dr. Moorman's "Mineral Waters of the United States and Canadas." For further analysis of these springs, and as compared with that of the famous Rockbridge Alum Waters, see Moorman, page 289.

The first sample of Bath Alum, at a temperature of 60° Fahr., one standard gallon of this water contains:—

#### OF BASES.

Soda.....	0.729
Potassa.....	traces
Ammonia.....	0.830
Lime.....	1.579
Magnesia.....	0.900
Protoxide of Iron.....	6.578
Alumina.....	3.690

#### OF ACIDS.

Sulphuric Acid.....	24.750
Carbonic Acid.....	4.140
Silicic Acid.....	1.890
Organic Acid.....	1.020
Chlorine Acid.....	0.107

When their proximate constituents are arranged so as to represent, as nearly as it is possible, the compounds which experiments prove to exist in the water, the composition of the whole may be expressed as—



Pure Water.....	58321.537
Free Sulph. Acid.....	6.806
Carbonic Acid.....	4.140
Sulphate of Lime.....	3.805
Sulphate of Magnesia.....	2.821
Protoxide of Iron.....	14.516
Alumina.....	10.288
Chloride of Sodium.....	0.076
Silicate of Soda.....	2.024
Crenate of Ammonia.....	1.850
Oxygen added to Sodium.....	.017

45.448

**Bath Alum No 2.**

One gallon of this sample contains:—

IN SUBSTANCES—AS BASES.		Composition of the Gallon in Grains is—	
Potassa.....	0.140	Free Sulph. Acid....	7.878
Soda.....	0.350	Carbonic Acid.....	3.846
Ammonia.....	0.462	Sulphate of Potash.....	.255
Magnesia.....	0.486	Magnesia.....	1.232
Lime.....	1.049	Lime.....	2.539
Protoxide of Iron.....	10.314	Protoxide of Iron.....	21.776
Alumina.....	3.680	Alumina.....	12.293
AS ACIDS.		Crenate of Ammonia.....	1.776
Sulphuric Acid.....	30.359	Silicate of Soda.....	3.150
Carbonic Acid.....	3.846		54.798
Organic Acid.....	1.810	Pure Water.....	58317.202
Millic Acid.....	2.800		58372.000
Chlorine Acid.....	trace		

In addition to the above, there is a very fine Chalybeate spring, very similar, and believed superior to the celebrated Rawley Springs water, and several other valuable mineral springs not yet analyzed.

From the Bath Alum Springs we started across the mountains, without a mouthful of breakfast, to the Warm Springs, five miles further, and fifteen miles from Millboro. The roads and stages are pretty good, but we trust they will soon have railroad communication. We arrived in time for breakfast, after which we took a survey of the springs, and first, as to the supply of water for bathing purposes. The flow of water from all the springs and baths is estimated at six thousand gallons a minute, and forms a stream sufficient to drive a large mill.

**THE BATHS.**

There are two large baths, attached to which are smaller or private baths, douche or spout baths. Also cold water, plunge, or shower baths.

The gentlemen's bath is an octagon, about forty feet in diameter, and one hundred and twenty in circumference. It is from 95° to 96° in temperature, and is supplied with hot sulphur water, of which it holds forty-three thousand gallons, by springs pouring forth one thousand gallons per minute. We took a bath of these medicated waters, for which we paid twenty-five cents, as do all who indulge in this luxury. No warm bath could be more delicious. The water is bubbling about you, and I had to

be warned not to remain, for the first time, longer than ten minutes, while there were old, middle aged, and children who had been from one-half to an hour sporting about with the greatest delight. The effect of the bath upon me was exhilarating, terminating in a free perspiration. It is found that if the skin is not affected in this way it is depressing. The physician resident at these springs is a gentleman of great experience and judgment, Dr. Daniel A. Langhorne, of Lynchburg, Va.

Our next visit was to the Hot Springs, situated five miles from the Warm Springs. We visited the baths and spouting stream of water, and drank of the fine springs of sulphur and cool water, free from all contamination. The lawn, baths, etc., are in fine order, the temperature of the Hot Springs being from 106° to 108° F.

The resident physician, whom we did not see, is Dr. Cabell, of the University of Virginia.

We then returned to Millboro and got upon the railroad train at half past five, and arrived at the White Sulphur at eight o'clock P. M., in the midst of a crowd of visitors. The Hotel is the largest of its kind in Virginia, being four hundred feet in length, by a corresponding width, and covering more than an acre of ground. The dining room is upwards of three hundred feet long by a corresponding width, and conveniently seating twelve hundred persons. There are also a large number of cottages for families.

**MEDICINAL CHARACTER OF THE WATERS.**

The medicinal influences of the Sulphur water upon the system are diuretic, sudorific and alterative. The cathartic character is slight, and we noticed several persons taking a portion of common salt to increase this quality. There is also a chalybeate spring about forty rods from the White Sulphur.

The baths which can be had by heating this sulphur water by steam are truly valuable in skin and other affections, under proper advice from a physician, or the resident physician at the Springs. For many years it has been the great central point of reunion for the best and gayest society of the South, North, East and West, that here mingle together under circumstances well calculated to promote agreeable social intercourse. Physicians are to be found from every part of the country, who are free to practice without let or hindrance, but the chief physician of the

Springs is the veteran Dr. J. J. Moorman, who has long resided there, and who has written one of the best works\* upon the subject. He has associated with him in the practice, Dr. T. B. Fuqua. While we were there we heard of numerous remarkable cures treated by the earth process, by its discoverer, Dr. A. Hewson, the distinguished surgeon of Philadelphia, who has won golden opinions by his agreeable manners, and attention to his patients.

## HOSPITAL REPORTS.

### HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA.

Service of Prof. D. Hayes Agnew, M. D.

REPORTED BY DE FOREST WILLARD, M. D.

#### Calculus—Lithotripsy.

GENTLEMEN:—I bring before you a patient who has been complaining for many years of symptoms which are briefly as follows: frequent desire of micturition, straining in performing the act, sudden arrest of the flow, followed, after some minutes of expulsive efforts, by a renewal of the stream, pain in the bladder, perineum and end of the penis.

These, as you all know, are distinctively the features presented by a case of stone in the bladder, and yet no one is justified in establishing a diagnosis without a thorough physical exploration of the parts, since stricture, cystitis, enlargement of the prostate, and several other diseases may give rise to a very similar train of symptoms. The steel sound is therefore always to be employed in every case of vesical disease in which the symptoms have been of long continuance. By means of this instrument the presence of a foreign body can be easily detected, unless it is hidden away in some cyst or pouch, formed either by a sacculation of the viscus, or by inflammatory lymph.

The existence of such disguised cases should always be remembered, and a single examination is not sufficient to decide the question as to the non-existence of a concretion. By varying positions of the patient, however, and by different degrees of distention of the bladder, you may usually detect one if present. I would earnestly warn those of you who may be consulted by patients living at a distance, that you do not send them upon their return journey on the same day of the exploration, since cases of "urethral fever," accompanied by chill, flashes of heat, pain, etc., are not uncommon. The best preventive of this unpleasant occurrence will be a full dose of morphia, together with rest in a warm bed.

I introduce a large sound into this man's bladder, and as I now attach a sounding-board

of deal wood, the click of a hard body will be heard in every portion of the room. We are satisfied that he has a calculus, and in order to discover its size, I withdraw the instrument, introduce a lithotrite, and by grasping the stone in several positions am satisfied that it is not large. Again, to ascertain if there are multiple concretions, I secure this one in the grasp of the lithotrite and then use it in sounding for others. I discover none. From the click which the stone gives to my instrument, and from its surface, I should judge that it was largely composed of uric acid, a fact which can be further established by testing his urine, which in such a case should be acid, and throw down a deposit of urates.

Were the urine alkaline, with large phosphatic deposits, we should infer that at least the covering of the concretion consisted of phosphates.

Again, oxalate of lime may be discovered in the urine, but a mulberry calculus is not often difficult of diagnosis upon contact with a sound. Stones, however, are frequently mixed in their composition, the nucleus differing from the covering, or the several salts being deposited in alternating layers. An educated touch will soon detect the differences in the various forms, almost as soon as struck.

I have so frequently spoken to you of the cause and method of formation of these bodies, as well as of their various composition, that I need not again dilate upon these points. The most important question is as to the method of relief. The two operative modes of treatment are lithotomy, and lithotripsy or lithotrity. The former you have seen me frequently perform in this amphitheatre, and know that is my favorite procedure; but the latter is certainly a valuable operation in a certain number of cases, and it is the plan which I shall pursue in this instance.

In giving lithotripsy the preference in the present case I am influenced by the age of the patient (73), by the large and healthy condition of his urethra, by his freedom from renal disease, and by the probable soft nature of the calculus. These are the chief determining points in deciding this question. His age is such as to render any operative procedure somewhat hazardous, but lithotomy at this time of life is quite liable to be followed by a fatal result, and lithotripsy is certainly preferable if at all possible. Of course, it may be followed by a low form of cystitis, and is frequently complicated by enlargement of the prostate, but these are conditions the risks of which must be undertaken, since this stone, if left to itself, will certainly produce serious consequences.

In young children the two operations admit of no comparison, lithotomy being almost uniformly successful, while lithotripsy is difficult and dangerous, from the small size of the outlet for fragments, and from the irritable condition of the parts. From puberty to the age of sixty, the advocates of lithotripsy advise that nearly all stones less than one inch in diameter,

\* Mineral Waters of the United States and Canada. Kelly, Peet & Co., Baltimore, Md.

or falling below one ounce in weight, be crushed, while larger ones be removed by the knife. I am still, however, inclined to believe that lithotomy would yield as large a percentage of cures in the same class of cases, as is now reported from lithotripsy. It must be remembered that the latter is ordinarily performed under the most favorable circumstances. The stones, small in size, are consequently of more recent date, and are correspondingly less liable to be associated with serious disease of bladder or kidneys, one of the most important of all complications, since most likely to cause a fatal result. Lithotomy is performed upon all classes of cases, after the most favorable ones have been selected for lithotripsy; with old and large calculi, and with numerous coexisting maladies. Is it any wonder, then, that it yields a higher mortality? When we have statistics based upon the comparative merits of the two operations, in precisely similar cases and conditions, then and only then can we arrive at a truthful conclusion. Do not understand me that I am opposed to the operation, for I am decidedly favorable to it. I am only defending lithotomy from unjust comparisons.

An oxalate calculus does not necessarily preclude the crushing operation, provided it is not larger than a bean, but one of large size will break an instrument. It is liable, also, to present very sharp fractured angles. The soft phosphatic form is certainly the most desirable one, although the minute fragments into which it is reduced may form nuclei for secondary formations.

When several stones exist the cutting operation is preferable. I have spoken of the state of the urinary apparatus as determining the choice of operation. With an irritable or strictured urethra, I should decide against lithotomy, unless the former condition could be relieved by the passage of instruments, or the latter dilated to the full extent of the normal tube.

With cystitis, or an irritable bladder, the presence of the sharp-edged fragments is frequently productive of fresh inflammatory conditions which seldom arise after lithotomy. With diseased kidneys, the urine containing albumen and casts, the last mentioned operation yields but one exciting cause of new inflammatory changes, while lithotripsy offers several. With accreted and atonic bladders, the crushing operation is seldom advisable. With enlarged prostate the difficulty of clearing the bladder of the debris following crushing was formerly considered as unfavorable to the method, but with the recent advances in the means of completely emptying the viscus, I do not see that it offers any obstacle.

In the present case I am led to lithotripsy, for the reasons which I have above named, and from the fact that the urine contains only a little mucus. The condition of the urine should always receive careful examination before any attempt at operative procedure.

Having decided upon the operation, prepara-

tory means should be taken to obtund the sensibility and irritability of the urethra and bladder, by the occasional passage of sounds, and by rest, alkaline drinks, etc.

In regard to anæsthetics, I avoid them in all cases where the effect of shock would not more than counterbalance the benefit to be derived from the intelligent sensations of the patient.

I do not inject the bladder as a rule, merely directing the patient to avoid passing his urine for an hour preceding the operation. With the old Fergusson lithotrite this was a matter of necessity, lest the mucous membrane of the bladder be caught between the blades, but with Thompson's instrument, in which the female blade is made wider than its fellow, I see but little danger if due care is used. This Thompson's lithotrite, which you here see, is a most excellent instrument; the male blade is easily slid upon its fellow, and the other mechanical arrangements are nearly perfect. The blade is made from a solid piece of steel, and not by being bent into position from a straight bar. Any instrument, however, should be thoroughly tested by being made to crush large fragments of stones previous to its use, since the breakage of the arm would be an unpleasant occurrence in the middle of an operation. Such an accident would render lithotomy at once necessary.

The best lithotripsy position is at the foot of a hard bed or low table, in such manner that the operator can stand between the knees of the patient. In cases of enlarged prostate the hips should be considerably elevated, in order that gravity may cause the stone to escape from its hiding place at the base of the bladder.

If you will watch the introduction of this well oiled instrument you will see that it is easily accomplished in the normal urethra, but if the canal was narrowed at the membranous portion it might be quite difficult. Any hindrance at the prostate could be relieved by a finger in the rectum. Once entered, the work of seizing the stone is commenced, a procedure which is sometimes easy, but frequently quite difficult. For myself I prefer only a very moderate distention of the bladder. When the lithotrite comes in contact with the calculus, the blades are opened, and the body is made to fall between them, when it is grasped and fastened. Thompson lays down certain rules to be observed in this search, which may be of service when the body cannot be easily found, but as a rule you can be best guided by the point at which the instrument is impinged upon. These groping positions he names "vertical," "right and left inclined," "right and left horizontal," "right and left reversed inclined," and "reversed vertical." A finger in the rectum will sometimes lift a stone from its bed and bring it within the grasp of an instrument, but the difficulties of seizure are not ordinarily very great.

I now rotate the instrument, to assure myself that it is free from the mucous membrane, and then slowly turn the screw until the stone yields. Some advise the rapid movement, in order to percuss the stone and split it, but I

prefer the slower crushing process. The blades being run down together, one of the fragments is seized in the same manner as at first, and the breaking process repeated, the length of the sitting being regulated by the amount of pain and irritation developed. This old man, as you see, suffers from the pressure of the instrument and from the manipulations, and we will not, therefore, prolong the process beyond breaking the stone and one or two of the fragments, preferring to leave the remaining necessary operations to a subsequent time, rather than to light up an inflammation which might prove most disastrous. The stone crumbles easily, and as I now close and withdraw the blades some minute fragments of a soft uric acid stone are removed, with but little blood.

The patient will be at once placed in a warm bed, and suppositories containing two grains of opium and one quarter of a grain of ext. belladonna introduced into his rectum. He may drink liquid in full amount, but must not be allowed to rise while passing water, for the first forty-eight hours, lest some fragment fall forward and become lodged at the neck of the bladder, or in the urethra, and add to the irritation. In the event of such an accident, the attempt may be made to return the fragment to the bladder, by means of a catheter, or by full injections, or it may be coaxed forward by urethral forceps, or a short-bladed lithotome. These failing, and the suffering great, the knife must be used to cut directly down upon the body.

In this case I have broken the stone so finely that the debris will probably soon begin to pass away, although we shall not permit the man to strain at all, preferring that the fragments become a little "water-worn." In order to pulverize the remaining pieces a second operation may be performed in from three to six days, according to the amount of irritation produced, but I prefer to wait a longer time, unless the patient is in haste for a cure. In some cases vesical tenesmus may occur, either from the excitement of a slight hemorrhage, or on account of an excessive irritability. Should this occur, the morphia must be increased until all pain is relieved. The diet should consist of milk, eggs, and beef tea.

Should the bladder prove unable to expel the fragments, either from previous atony or resulting partial paralysis, or from enlarged prostate, it may be thoroughly washed once a day, through a catheter having a large eye upon its concave surface, or by Clover's or Dittel's apparatus. The fragments may also be extracted by suction, a bottle from which the air has been exhausted being attached to a catheter fitted with a stop-cock.

As a rule, however, I prefer that the bladder be left to itself as much as possible.

The number of sittings required to completely crush a stone will depend upon its size and composition. If the concretion is hard the first operation will only divide it, perhaps, into two or three pieces, too large to pass the urethra, but in calculi composed of urates, or phos-

phates, or both, the debris, and sometimes fragments of considerable size, will speedily begin to appear. In some cases, where the several portions seem to form nuclei for new formations, a dozen operations may scarcely complete a cure. This chance of secondary formations is so formidable a one that the surgeon should never dismiss his patient until he is satisfied that every portion of the detritus has escaped, a condition which must not be inferred by the mere absence of symptoms, but determined absolutely by soundings, washings of the bladder, or by violent exercise. Behind the danger of the retention of a small fragment, moreover, lies the constitutional predisposition to the formation of stone, and patients should always be warned of the possibility of return.

In some cases the symptoms of vesical irritation will be greatly increased by the presence of the many sharp-edged pieces, but in others almost immediate amelioration of the symptoms occurs.

In regard to the fatality of lithotripsy the best statistics make the mortality between six and seven per cent., but Sir Henry Thompson asserts that he has never lost a case where the stone was not larger than a small nut, the size at which it should be discovered. In larger stones his results are far more encouraging than those of lithotomy, but, as I have already said, we must remember the different conditions under which the two operations are performed.

(The patient, six hours after the operation, was seized with most intense vesical tenesmus, due to the contraction of an exceedingly irritable bladder upon the fragments, and accompanied by almost total suppression of urine for twenty-four hours. A catheter carefully introduced secured no urine, and but little blood. The violent pains were only arrested by large and repeated doses of morphia administered hypodermically. The supra-pubic region was only moderately tender, and stupes and hot fomentations so alleviated the symptoms, that, under the use of diuretics, he was greatly improved in thirty six hours, and in a few days the previous vesical irritation had almost entirely subsided, and he was able to retain his urine for six or eight hours at a time. The fragments continued to pass for several weeks, and at the end of that time the lithotrite was again used, and this time with no subsequent unpleasant symptoms. Since that time all the debris has come away, the pain and difficulty in micturition entirely disappeared, and several careful soundings reveal the fact that no fragments remain behind. He now considers himself cured. The weight of fragments passed was nearly one ounce.—*Dr. F. W.*)

—*Dr. Jousset de Bellesme* has lately made a special study of the poison secreted by the scorpion, and has conducted a series of experiments showing its physiological action upon the blood. These experiments are recorded in an "Essai sur le Venin du Scorpion," published in the "Annales des Sciences Naturelles."



## MEDICAL SOCIETIES.

## BALTIMORE MEDICAL ASSOCIATION.

REPORTED BY J. W. P. BATES, M. D.

Meeting of Sept. 14th, 1874.

## Tumor of the Neck.

Dr. Caldwell requested the privilege of bringing a patient before the Society, with a view of getting the opinions of the members as to the best course of treatment to pursue. The patient came under his care a few months ago, and he gave the following history of the case: The lady, aged about twenty-five, noticed about fifteen months ago an enlargement of the right lobe of the thyroid gland. This increased very rapidly in size until it attained the large dimensions you now see, occupying nearly the whole of the space between the inferior maxilla and the clavicle, and extends from a little to the left of the trachea back to near the spinal column. It interferes very much with respiration, and is the seat of constant pain, not lancinating, but of a dull, aching character. She is much debilitated, and the only relief I have been able to give her was by the hypodermic injection of morphia in large doses, which interferes with her appetite. The tumor is freely movable, and has not the sharp well defined edges of scirrhus, nor the characteristic pain. There are also some small tumors of the same character on the chest, and the glands of the axilla are enlarged and quite hard. When I first saw her, there was some tumefaction of the mamma, but that has disappeared. I suppose the mass to be fibroid, and the important question is, what can be done for her relief? On account of the large size of the mass, the doubt in regard to its nature, the debility of the woman and the importance of the adjacent parts, I did not think the knife could be used with safety; I did not think galvano-cautery could be used, because she would not be able to support the drain from the large sloughing surface which it would produce. I thought that, probably, by passing needles through the mass, thus separating it into several parts, the elastic ligature could be used as recommended by Prof. Dittel, of Vienna. I would like the gentlemen to examine the case, and give me their opinion in regard to the propriety of operating.

Dr. Latimer said that from an examination of the case, he thought that most likely it was a fibroid, but he would not like to commit himself positively to this opinion without closer investigation. If his opinion was correct, benefit might be derived from the hypodermic injection of ergot. Ergot had been found to be a valuable remedy in the treatment of fibroids of the uterus, and although some thought that it had a special effect on the uterine muscles, producing strangulation of the tumors, by keeping up strong contractions, he was not disposed to agree with them, but believed that it acted on the vascular system by means of the vaso-motor nerves. If his view be correct, ergot would be applicable to

fibroids in any part of the body. If it did no good, the part of the tumor lying on the trachea might be removed without much danger, and that would relieve her of many of the urgent symptoms.

Dr. Williams did not think the case was suited for an operation. He could not agree that it was by any means certain that it is fibroid in character, but thought, from the history of the case, the short space of time it has taken to attain its present size, and the pain, that it is malignant. It is not usual to see such a general implication of the glands in benign tumors. He thought it was most probably encephaloid or colloid in nature, and the moment you operate you will increase the rapidity of its growth and establish a drain that, in her debilitated condition, she is unable to bear. He did not think the removal of a part, as recommended by Dr. Latimer, would give relief enough to justify the risk, and he did not see how the elastic ligature, as proposed by Dr. Caldwell, could be applied so as to prove effectual. Were it his case he should say that any operation is inexpedient.

Dr. Uhler thought that only a microscopic examination could decide the question as to its nature.

Dr. Latimer said that fibroid tumors, in some forms, approach very nearly to malignant growths, and it is frequently impossible to tell where the benign character ceases and the malignant begins. He did not think an operation would be so dangerous, but he would not recommend it, unless the symptoms were very urgent, because it would only give temporary relief, and there is no hope of ultimate success. If it continues to grow it will soon obstruct the circulation.

Dr. Caldwell said that it is difficult to decide as to its nature, and a microscopic examination might solve the question, but even that is not always decisive. One of her relatives died of cancer, and there are some symptoms in the case which seem to indicate that it is malignant, but considering the character of the pain, etc., he had concluded that it is fibroid.

Dr. Currey remarked that he first saw this case some months ago. It started as two tumors which were separate and distinct. One was near the median line of the neck, but had no connection with the thyroid; the other was posterior to it. During this early period she became pregnant, and then they grew very rapidly. The propriety of an operation was discussed, but the idea was dismissed on account of her great weakness. Dr. Butler thought at that time that the posterior tumor could be removed without much difficulty, but that removal of the anterior one would be a very delicate operation. It is evident that she is running down rapidly, and unless something can be done death will soon relieve her.

## Intestinal Obstruction.

Dr. Williams said that he was called to see a case with Dr. Eastman. A man, 35 years old,

had eaten very heartily of iced watermelon, and was attacked with what seemed to be colic. He suffered much pain and had frequent desires to stool, but not much discharge. The pain was fixed in the left hypochondrium and groin, and upon close examination a hernia was discovered which we reduced without much trouble. After the reduction the pain still continued, and seemed to indicate strangulation of the bowel. I thought, from examination, that the hernia was completely reduced, and that there could not be strangulation, but might be some obstruction or invagination. We ordered a large dose of castor oil, which failed to act, and his wife gave two or three seidlitz powders, which produced great distention of the bowels, and greatly increased the pain. We then gave him a large injection of warm water, about three gallons, which distended the bowels and produced so much pain that we put him under the influence of chloroform, so as to enable him to retain it as long as we wished. After about fifteen minutes we allowed a pint and a half of the water to escape; it was perfectly clean; after about fifteen minutes more we allowed another pint and a half to escape, and it also was clean. On letting out a third pint and a half, we discovered a fecal odor, and it was somewhat colored. We then put him to bed and ordered thirty grains of chloral, at short

intervals, until profound sleep was produced. A short time after the first dose there was an immense discharge of fecal matter, and in about an hour he had another profuse discharge, which afforded entire relief, and the man rapidly convalesced. There was a tumor, about two inches in diameter, plainly discoverable through the walls of the abdomen, and we thought the pain, persistent vomiting and constipation, indicated obstruction at that point.

#### Hernia.

Dr. Latimer said that about six weeks ago he was called to assist Dr. O'Donnell in a case of scrotal hernia. The hernia was on the right side, very tense from gas, and almost as large as an adult head. Dr. O'Donnell had remained with the man all night, and had made several ineffectual attempts at reduction. When I saw the case it was almost in a state of collapse, and finding that taxis was ineffectual, I proposed puncturing it with a lancet, but was afraid. I then used the hypodermic syringe as an air pump or aspirator, and in half an hour the mass became so relaxed as to be easily reduced. The fineness of the tube makes the syringe objectionable, but as the result was satisfactory, it may be used in cases of emergency when an aspirator is not obtainable, or a lancet would be dangerous.

## EDITORIAL DEPARTMENT.

### PERISCOPE.

#### Emulsions.

Dr. Ernest C. Saunders, of Detroit, in the *Peninsular Journal of Medicine*, says:—A few hints on the above subject may not be unacceptable to some unfortunate who has not had the privilege of being taught this important branch of our art thoroughly. The first thing to do is to see that the mucilage is fresh and sweet; for although good emulsions can be made with sour mucilage, they require more labor, and spoil more quickly. A broad, flat pestle will be found to serve better than a narrow, round-faced one. Be sure that the mortar is clean and free from grease. Then put in the mortar first a small quantity of the mucilage and rub it round the mortar, so as to prevent any of the oil from adhering to the side. Add a little of the oil—about half the quantity of oil that you have used mucilage—and rub from the centre; the emulsion will begin to form immediately. When the first quantities are thoroughly emulsified, add first more mucilage and again half the quantity of oil, and make into a perfect emulsion. Continue in this way until all the oil is emulsified, adding water between each addition of oil after the right quantity of mucilage

has been added. Great care must be taken to keep the mucilage and water in excess of the oil used, or a thick mass will be formed, which it will be impossible to mix with water. The object in making an emulsion is to have the particles of oil separated by water, but if the oil is in excess, the opposite is liable to take place; the particles of water are separated by the oil, and it is then impossible to form a good mixture, and the shortest way to do will be to throw out the mass and start again with fresh materials. Some people are in the habit of mixing the oil with powdered gum arabic, but it is impossible in that way to obtain a permanent emulsion, or even one in which the oil is sufficiently divided as to render the globules of oil invisible to the naked eye. A still worse mode is to put the oil and mucilage together in a bottle and shake them. A perfect emulsion should be as white as milk, if made with olive oil, or any light yellow or colorless oil; should mix readily with water in any proportion, without showing any signs of separating on standing, and should leave the mortar, or any vessel it may be put in, in such a condition that simple rinsing with cold water will clean the vessel, without leaving any traces of oil having been in it. The amount of mucilage to be used to a given quantity of oil varies. Half an ounce of mucilage

age is sufficient for two ounces of castor oil, or balsam of copaiba. Oil of turpentine, and the other light volatile oils, require rather more mucilage and longer trituration. If any syrup or sugar be ordered, it should be added after diluting the emulsion with all the water allowable. The same precaution should be taken with tinctures or any alcoholic preparations. The fact that mucilage of acacia is precipitated by alcohol should always be borne in mind. It is difficult to give an unvarying rule as to the amount of tinctures admissible in one emulsion, as the amount of gum and oil varies so much, but as a rule it is unsafe to put more than one ounce of a tincture made with dilute alcohol in a four ounce emulsion, and tinctures made with stronger alcohol in proportion. Emulsions, if well made, are very handsome mixtures, and very permanent. The writer has some emulsions of castor oil made four weeks ago, and of balsam copaiba made three weeks ago, both of which are as fresh and nice as the day they were made, and neither of which show the least sign of separation.

#### Cerebro-Spinal Meningitis.

Dr. Dowse, in the *Medical Times and Gazette*, gives the following hints as to treatment:—

1. It has to be considered how to relieve the vessels of the cord, and to equalize the action of the vasomotor system of nerves. Nothing appears to be of greater service in effecting this than the ergot of rye and belladonna. The former he has prescribed in decided doses, such as half a drachm of the powder every four hours; and the latter he has applied to the spine in the form of a belladonna paste, made by mixing the extract with one-third its weight of glycerine.

2. To check the reflex vomiting, small pieces of ice must be swallowed, not sucked, as the full effect of its sedative influence upon the stomach is thus obtained.

3. To relieve constipation, Dr. Dowse prefers the administration of a pill of the watery extract of aloes, for the reason that it acts upon the mucous membrane of the rectum, and dilates the hemorrhoidal veins.

4. To relieve sleeplessness, both chloral and bromide of potassium have proved ineffectual, but what he found of most service was a suppository of eight grains of the extract of henbane, with four grains of the extract of conium.

5. One essential practical point must not be forgotten, namely, to keep the paralyzed bladder constantly free from urine. It is not sufficient to draw off the water night and morning, which is the course usually adopted, but a self-retaining catheter must be kept continually in the viscus.

6. In reference to diet, it ought to be both nutritive and stimulant from the first.

7. There is a stage in the treatment of this disease where quinine in large doses becomes of the most signal value—at that crisis when exhaustion appears imminent; the skin covered

with sweat; temperature  $102^{\circ}$  to  $105^{\circ}$ ; pulse small, weak, and over 120. But more especially is quinine invaluable when rigors supervene, when it never fails to have a good effect. It must, however, be given in ten or twenty grain doses; and, if the stomach cannot tolerate it, must be introduced into the system by the rectum.

8. The abstraction of blood in any manner is not advisable.

## REVIEWS AND BOOK NOTICES.

### NOTES ON CURRENT MEDICAL LITERATURE.

—In an article entitled "The Hypodermic Use of Quinine, a dangerous experimental medication and rarely justifiable" (reprinted from the *New York Medical Journal*), Dr. Stephen Rogers states that this use of the drug is unnecessarily painful, is "extremely liable" to be followed by inflammation, abscess, "and very possibly tetanus," and finally that it is wholly needless to administer it thus.

—The history of a case of ankylosis of the right temporo-maxillary articulation, successfully treated by excision of the condyle, is reported by Dr. James L. Little, in a reprint from the transactions of the New York State Medical Society.

—Quite a careful report on vaccination, especially on the variolation of the cow and the character of virus to be employed, by Dr. E. L. Griffin, of Fond du Lac, Wisconsin, has been republished from the transactions of the Wisconsin State Medical Society. To be had of the author.

—In some "Observations on Thoracentesis," reprinted from the transactions of the New York Academy of Medicine, Dr. Charles A. Leale gives his reasons for preferring, in this operation, to use the scalpel to open the chest. They seem well founded and should attract attention.

—Dr. John Morgan M'Known, of Arcola, Ills., is the author of a judicious address on the temperance question "from the standpoint of the present." It was delivered before the Esculapian Society of the Wabash Valley, and may be had of the author. The topic is one that cannot be too carefully examined.

## MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, OCT. 10, 1874.

D. G. BRINTON, M. D., Editor.

The REPORTER aims to represent the Profession of the whole country, and not merely sectional or local interests.

Hence, Reports of the Proceedings of Medical Societies, Correspondence, Notes, News, and Medical Observations from all parts of the country are solicited and will be gladly received for publication.

☞ Subscribers are also requested to forward copies of newspapers containing Reports of Medical Society Meetings, Marriages or Deaths of physicians, or other items of special medical interest.

The experience of *country practitioners* is often particularly valuable, acquired as it generally is by independent study and investigation. The REPORTER aims especially to furnish a medium to bring this information before the general medical public, and it is a duty to the profession to publish it.

☞ To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

The Editor disclaims responsibility for any statement made over the names of correspondents.

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Any of our subscribers obtaining one new subscriber and remitting for both before Jan. 1st, 1875, will receive either a copy of the DAILY POCKET RECORD, with his name stamped in gilt on the clasp, free, or the HALF-YEARLY COMPENDIUM for 1875, as he chooses.

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D. G. BRINTON, M. D.,

115 South Seventh Street,

PHILADELPHIA, PA.

### THE HEART AND ITS HYGIENE.

One of the most valuable contributions to medical literature, which have appeared since the commencement of the present year, is the third Toner lecture. It was delivered by Dr. J. M. DA COSTA, Professor of Practice in the Jefferson Medical College, and its subject was "On Strain and Overaction of the Heart."

The lecturer commenced by acknowledging an increase in heart diseases in this country, and proceeded to seek for two of the causes which lead to this result in the effects of sudden *strain* and long continued *over-action* of the cardiac muscles.

Strain, he considered, may arise from violent muscular exertion on the one hand, or, on the other, from extraordinary mental emotion. An instance of the latter would be a sudden fright, or brief but intense anxiety. Following such an emotion labored breathing and valvular injury would be remarked.

Protracted overwork of the heart, as altogether more common, is responsible for the development of more numerous cases of organic disease. The "irritable heart" of soldiers attracted the attention of the lecturer some years ago, and a similar condition often arises from prolonged labor or anxiety, from sexual disorders, abuse of tea, coffee, and tobacco, and such causes. "Even mental emotion, acting through the nervous system on the nerves of the heart, may produce real trouble; and strain on the feelings, when long kept up, may give rise to conditions which in figurative language we call 'heart disease' and 'heart sick,' and which, not as a figure of speech but in truth, may be the beginning of actual cardiac malady."

Occupations that involve continual lifting, climbing, or blowing, such as milling, glass-blowing and mining, are apt to yield a heavy percentage of cardiac cases. An interesting part of the lecture is where the author discusses the effects of our more popular exercises. Dancing he charges with several ugly cases; rowing he disallows where there is "a tendency



to any cardiac affection;" but base-ball he largely exculpates from adding to the augmented footings of heart diseases. In fine, he concludes: "As regards the effect on the circulation, all active, even violent exercise, is only injurious when too steadily persevered in."

In reference to treatment, Dr. Da Costa notices the value of the recumbent position, and of ice to the precordial region in reducing the heart's action. Of medicine he has found digitalis, belladonna and the bromides, to be the most generally available; while in cases of incipient hypertrophy "no drug compares with aconite, steadily employed."

In the nature of a supplement to this most interesting lecture by our eminent countryman, we may refer to an article in the *Dublin Journal of Medical Science*, July, 1874, by Dr. HENRY MACCORMAC, entitled "Strages Medicorum; otherwise Exercise for the Heart." While the American Professor points out the manifold dangers of imposing excessive toil and sudden strains on this viscus, the well-known Irish surgeon emphasizes the perils of giving it too little to do, and thus allowing it to become weak, flabby and fatty. To give his own words:

"Exercise for the heart, setting forth its absolute indispensability, is the heading of no essay, the title of no book, at least as known to me; nevertheless, there is no subject whatever more deserving of careful consideration and attention. In respect of the treatment, I desire to be explicit. Every species of guarded prolonged muscular effort, as digging, hoeing, rowing, reaping, felling, chopping, ploughing, is useful, but, to those who labor under functional heart affection, walking, though not to excess, not too fast, and not unduly far, over hilly unequal surfaces, swinging the arms, unembarrassed by bond or stay, in the open air, is the best of any. Exercise develops and strengthens the cardiac muscular fibres, aerates the blood, at the same time fat is sparingly developed, and, coupled otherwise with cautious and abstinent habits, the heart's action becomes reliably even and, without defaillance, equal to all life's proper exigencies."

In our own experience we can recall young persons in whom a game of romps or a rapid ascent would bring on uncomfortable palpitation, who were wholly relieved of it by a carefully conducted gymnastic course, this having the effect of co-ordinating the nerve-force of the animal and the organic life; the one represented by the pneumogastric, the other by the sympathetic nerve fibres of the heart. While therefore the one of these papers warns us against the excesses of heart-action, the other admonishes us of the dangers of allowing this organ too complete repose.

## NOTES AND COMMENTS.

### Rules for Preventing Disease.

Dr. Grimshaw, in a recent pamphlet on the sanitary condition of Ireland, concludes his remarks with the following excellent suggestions for the control of preventible zymotics:—

"1. In building new towns or villages to select healthy sites

"2. Proper drainage, both house drainage and general drainage.

"3. To prevent old ruinous and dirty houses from being inhabited, and to prevent new houses from being constructed so as to be injurious to the health of their inhabitants. Mr. Henderson will point out in his lecture how this is to be effected.

"4. To prevent overcrowding in either houses or districts. This must be accomplished by constant inspection of all houses inhabited by the poor, by the regulation of the width of streets, the promotion of open spaces within towns, and by the breaking up of closer courts, and the making of wide thoroughfares through closed up neighborhoods.

"6. To promote cleanliness; 1. By the employment of all legal powers to compel and assist in the removal of dirt; and 2. To educate the people to believe that 'cleanliness is next to godliness.'

"7. To provide proper accommodation for the sick at all times, and also during epidemics:— (a.) By proper hospital accommodation at all times. (b.) By proper means of bringing patients to hospital. (c.) By the provision of special hospitals or wards, in connection with general hospitals, to be used only in time of

epidemics. (d.) Refuges where the healthy can be separated from the sick until the sick can be removed to hospital, and the houses or rooms they occupied cleansed and disinfected. (e.) The provision of accommodation for convalescents from zymotic diseases in convalescent homes. (f.) Proper and systematic disinfection of all places where sickness prevails or has prevailed."

#### Hard on Hash.

Artemus Ward used to say that he always liked to take hash at a boarding house, for then he knew what he was eating (!). Professor Redfern, however, the President of the British Association for the Advancement of Science, makes a deliberate attack upon hash as an indigestible and innutritious food. He says:—

"There are few social problems more important than how to acquaint the wife of the laborer or artisan, or even the wives and servants of the middle classes, how to expend a fair share of their income upon food to the greatest advantage, and how to prepare it without destroying its nutritive properties. A savory dish of meat is often prepared by mincing or cutting the meat into small and more or less cubical blocks. It is then stewed, or more frequently boiled; the outer surface of each little block has its albumen firmly coagulated, and the whole is converted into about as indigestible a mass as could well be imagined, the high-priced and highly nutritious meat having been destroyed for the purpose of nutrition, and the action of the digestive organs probably injured for some time to come."

#### Curious Surgical Cases.

M. Trélat relates an extraordinary case of a captain of marines, who received a gunshot wound in the left side of the lower jaw. His orderly, who was near him at the time, declared that he had seen the bullet pass through the mouth and fall to the ground. About five weeks after the accident the captain felt a swelling in his neck, which necessitated an incision; this being done a hard substance was discovered in the wound, which turned out to be the bullet with which he was struck, the existence of which was suspected neither by the surgeon nor the patient. The bullet was about an inch in diameter.

The same surgeon cites a case related by M. Lorain, of a prisoner who, in a scuffle, was

wounded in the upper part of the right orbit with a handle of a painting brush, which it pierced, and entered the cranial cavity to the extent of about three inches, where it lodged three weeks without causing any disturbance, local or otherwise.

These cases are not more remarkable than those related by the late M. Nélaton and by M. Legouest, of patients they had been called upon to treat. The former removed the end of the stick of an umbrella from the orbit of a patient, where it had lodged eighteen years! In M. Legouest's case, a pencil of about two inches was removed also from the orbit of a man that had been struck with it some two or three years before. In both cases the patients appeared to have suffered no inconvenience from the presence of the foreign bodies in the orbit, either in the brain or in the function of the eye. These instances admonish us that a surgeon should never be over-hasty in proffering manual interference in traumatic lesions, even in cases where the vital organs of the body are implicated.

#### Exhibition of Diapedesis.

Mr. Needham, in the *Microscopical Journal*, recommends the following plan for showing this physical action. The method appears so very simple that any one possessing a microscope with a quarter of an inch objective can prove for himself the long disputed fact: "The tail of the tadpole can be arranged with great facility, and affords a very interesting object. The animal is rendered motionless by placing it in a one half per cent. solution of curare. It is then placed on an ordinary glass slip, the tail covered with a piece of thin glass, and kept moist by the addition at intervals of a little water."

### CORRESPONDENCE.

#### Some Obstetrical Queries.

ED. MED. AND SURG. REPORTER:—

June 15th, 1874, at one o'clock A. M., I was called to see E. V., a primipara, aged twenty years. I was told that she had been in labor for the past two hours. Pains were neither strong nor regular. Upon examination, the os tinæ was found dilated to the size of a silver dollar, membranes protruding, and the vertex presenting in the first position.

Pains continued much the same for the next six hours, the woman sleeping from five to ten minutes between each pain. At seven o'clock A. M., I made a second examination, and found

everything in the same condition as at first. I then left the house to attend another patient, giving the nurse directions to send for me when needed. Two hours after a messenger came for me, saying the woman's "waters had broken," although "she had had no pain" since I left her. An examination showed the membranes ruptured and the head resting on the perineum. After waiting twenty minutes for pains, and none coming on, I gave sixty drops of ext. ergot, and in twenty minutes repeated the dose, but without effect. I now observed the woman's face had become ghastly, her lips were livid, her nose pinched, extremities cold, and covered with profuse perspiration; respiration twelve, and pulse imperceptible; in fact, I feared the woman was in articulo mortis. I sent immediately for forceps, and while the messenger was gone, administered one ounce apple whiskey.

The forceps were applied without any difficulty, the head extracted, and the delivery terminated. The child, a boy, was alive and uninjured.

The uterus contracted firmly on the placenta, which was also extracted by traction on the cord. I tried "supra-pubic expression," but failed.

During the delivery the woman was entirely comatose, and for some time after could only be aroused for an instant by loud talking.

A teaspoonful of whiskey was ordered every fifteen minutes, about one half of which was swallowed at each dose, the remainder running out of the corner of the mouth.

Gradually, however, her pulse came up, the pallor left her face, color came to the lips, extremities became warmer, respiration reached seventeen, and consciousness returned at twelve o'clock m.

The first question asked was "is the child born?" she did not know the forceps were used, or that she had taken any whiskey, and said she did not remember anything after the first dose of ergot was swallowed.

The catheter was used once nine hours after the delivery, and drew off a pint of strongly ammoniacal urine.

From this time the recovery was very rapid, and without a single bad symptom.

Now I would like to know, 1. What caused this collapse? 2. Could the ergot have produced it? 3. How was it possible for the child's head to descend and rest upon the perineum, and the uterus to contract so firmly afterward, without the presence of a single pain?

I should be pleased to hear from any of the profession in regard to these three questions.

Cranberry, N. J., JOHN C. HOLMES, M. D.

#### Chorea in the Black Race.

ED. MED. AND SURG. REPORTER:—

Will you oblige me by thanking my many correspondents for their valuable replies to my questions concerning chorea in the full-blooded

black. The replies are too numerous for me to be able to acknowledge them by letter.

The information given me is already most unexpectedly curious and interesting; may I ask you again to repeat my requests to know—

1st. If the physician who is so good as to answer me has ever seen the chorea of childhood in the black of pure race, and if so, what was the character, duration, etc., of it.

2. If it occurs in whites in his neighborhood, and if in both races, in what proportion?

Several gentlemen have called the attention of their county societies to this question, and have thus obtained for me good and accurate replies. Perhaps some others will oblige me by making a like effort to get the needed facts.

Very truly yours,

S. WEIR MITCHELL, M. D.

Philadelphia, September 25th, 1874.

#### Extirpation of the Right Clavicle, for Scrofulous Caries.

ED. MED. AND SURG. REPORTER:—

The following case deserves, perhaps, place in your journal:—

G. Johnson (white), æt. 16 years; farmer; resides three miles from Rome, on the Coosa river. Worked regularly at the crops until July 10th, when Dr. W. Ferrel was consulted. Patient complained of pain in the right shoulder, extending along the clavicle to the sternum. Slight swelling and redness over the clavicular-acromion; articulation painful to the touch; fever; slight delirium; pulse 120.

July 11th. Symptoms aggravated; swelling extended as high up as the inferior maxilla and occiput, back to the spine and scapula, down the breast as far as the seventh rib and the ensiform cartilage; erysipelatous appearance; fever; pulse 130. The above symptoms continued with slight changes, until July 15th, when an abscess (apparently phlegmonous) formed over the sterno-clavicular articulation, pointed and discharged itself. July 17th, about one pint of pus escaping.

Patient reported as improving, and not seen again by his physician, until September 7th, when I was called in consultation on the case. His condition was indeed pitiable.

Found a fistulous orifice, an inch in diameter, with a fungoid growth on the lower edges, discharging a sanious pus, existing at the sternal end of the right clavicle. The sterno-clavicular articulation destroyed, and the free extremity of the clavicle protruding three-fourths of an inch or more, according to the movements made by the right shoulder. The inter-articular cartilage was lying loose at the opening, which I removed with forceps. The exposed end of the bone had been destroyed by caries, and was, as far as could be examined with a probe, devoid of periosteum. The sternum presented no indication of caries; that part of the joint was filling up with new tissue.

I incised in a line with the axis of the bone, carefully examined it, and found not only the ex-

posed end diseased, but the whole of the bone necrosed and carious. The acromion extremity in a cribriform and spiculated condition two inches, and the remainder of it, or that part between the carious extremities, entirely destitute of periosteum.

The bone was then isolated and removed entire.

The edges of the wound were brought together, except at the points which were left open for pus to escape. Since the operation, up to date, patient is convalescing fairly. Directed ferri iodide et ol. morrhue ter die. It might be proper for me to remark that G. J. is of a strumous diathesis, and his father has been afflicted with scrofula. WM. A. CARSWELL, M.D.

Rome, Ga.

## NEWS AND MISCELLANY.

### Female Army Surgeons.

The Vienna *Medicinisch-Chirurgische Centralblatt* reports that the Committee of the Society for the care of the Sick and Wounded in War in St. Petersburg, has approved of a proposal for allowing women to perform the duties of military surgeons in the field and in stationary hospitals. To carry out the plan it is intended to institute courses of instruction for female army-surgeons (*Feldscheererinnen*) in the Russian universities.

### The Bonaparte Cancer Hospital.

Madame Letitia Rattazzi, one of the members of the Bonaparte family, has for some months been visiting the principal towns of Europe, to study the ways and means of establishing a hospital which shall be especially devoted to the treatment of cancer. As is well-known, several of the members of this family have succumbed to this terrible disease. The first deposit will be 150,000 francs, to which will be added a biennial prize of 5000 francs for the best work on the subject, as well as a sum of 20,000 francs for him who shall describe the true cure for cancer.

### The Destruction of Young Life.

It is not often that we have seen such statistics as have been presented at an investigation into the management of the Foundling Farm, at the Flatbush county house, New York. The assistant in charge of the foundling room testified that there were thirty-six babies at the farm two months ago, and there are now three there, all the rest having died.

If the little ones escape the Foundling farms they meet the Mills. There is a law in many States prohibiting the employment of children under ten years of age in factories. But the last labor report of Massachusetts says that there is scarcely a corporation in Fall River which does not violate the law, chiefly at the instigation of parents, who refuse to work unless

their children are also employed. Some of the children killed by the recent fire were under ten years of age, and for their deaths, if not for the deaths of all the victims, some one is or should be held responsible. We have prohibitions in Pennsylvania against the employment of young children in mills and factories, but they are disregarded.

### Materialism in Medicine.

A letter from Rome to the *Catholic Standard* says:—

It is a lamentable fact that the science of medicine on the Continent is fast degenerating into the most revolting materialism, a system more difficult to combat than positive atheism.

Travaglini, a worthy Catholic physician, with the assistance of Father Cornoldi, S. J., has succeeded in organizing a society of physicians and surgeons, entitled the "Philosophico-Medical Academy of St. Thomas Aquinas." The purpose of this academy is to bring back the study of medicine to the principles of sound philosophy; especially on the union of the soul with the body, their relation, the substantial form of the soul, and matter.

### Remarkable Coincidences.

One of the most remarkable series of coincidences on record is published by the statistics of Iowa and Georgia in the matters of insanity, blindness, etc. The populations are given as follows:—Georgia, 1,185,000; Iowa, 1,182,933 (the national census made them 1,191,792 and 1,184,109 respectively), and the following were the showings of the two States as to their unfortunate classes:—

	Georgia.	Iowa.
Insane.....	1185	1183
Idiotic.....	790	789
Deaf and Dumb.....	677	676
Blind.....	474	473

—An epitaph in a church in Ramsgate, England, concludes with "He bore th' acute pains of ye gout for forty yrs with thankfulness."

—The birth-rate in the United Kingdom in the second quarter of 1874 was 35.7 per 1000, and the death rate 20.8. The marriage rate in the first quarter was 14.4 per 1000.

### OBITUARY.

#### DR. WASHINGTON A. HOFFMAN.

WHEREAS, it having pleased the all-wise Providence to remove from our midst our friend and colleague; Be it therefore

*Resolved*, that the Medical Board of Charity Hospital express their heartfelt sorrow at his death.

*Resolved*, that we hereby tender to the family our sympathy in their bereavement.

*Resolved*, that a copy of these resolutions be presented to the Medical Journals for publication, and that the Medical Staff of the Hospital attend the funeral in a body.

J. M. BARTON, M. D.  
WILLIAM S. STEWART, M. D. } Committee.